

P000000 41933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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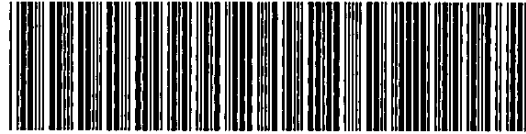
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ZUBERO-CRUZ FINANCIAL SERVICES, INC.
(Name of Corporation)

DOCUMENT NUMBER: P00000041933

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA ZUBERO-CRUZ

(Name of Person)

ZUBERO-CRUZ FINANCIAL SERVICES, INC

(Name of Firm/Company)

1591 E ATLANTIC BLVD STE 200

(Address)

POMPANO BCH FL 33060

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA ZUBERO-CRUZ

at (

305

) 401-1300

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State:

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

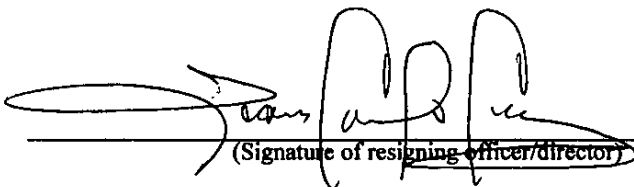
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Juan Carlos Cruz, hereby resign as Vice President
(Title)

of Zubero-Cruz Financial Services Inc.
(Name of Corporation)

P00000041933, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314